TRANSMITTAL FORM (to be used for all correspondence after initial formal number of Pages in This Submission	Application Number Filing Date First Named Inventor	07.200.700002
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatior Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	ddress Status Letter Other Enclosure(s) (please Identify below):
Firm Michael S. Pavento, Esq. Reg. No. 42,985	TURE OF APPLICANT, ATTOR	RNEY, OR AGENT AUG 1 3 2003 GROUP 3600
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I hereby certify that this correspondence is being fa first class mail in an envelope addressed to: Comm Typed or printed Michael S. Paven Signature	nissioner for Patents, Washington, DC 20231	ed with the United States Postal Service with sufficient postage as on this date: August 6, 2003 Date

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Nick Steele

3629

Application Number 09/933,567 Filing Date August 20, 200

Examiner Name Thomas A. Dixon

Attorney Docket Number 07258.105002

First Named Inventor

Art Unit

I hereby revoke all previous powers of attorney given in the	above-identified application:			
A Power of Attorney is submitted herewith.	·			
OR III III III III III III III III III I				
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Applicant/Inventor.				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record.				
SIGNATURE of Applicant or Assignee of Record Name Joe Maranville				
Name Joe Maranville				
Signature				
Date 7-/6-03	Telephone (678) 264-2413			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
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